

(Original with signature in blue ink and 2 Copies)

COMMONWEALTH OF VIRGINIA
Department of Education
Office of Career and Technical Education Services
P.O. Box 2120
Richmond, VA 23218-2120

REQUEST FOR REIMBURSEMENT

for Carl D. Perkins Vocational and Technical Education Federal Funds

School Division _____

Reimbursement # 1 2 3 4 5 6 7 8 9 10 11 12
(Please check)

hereby claims reimbursement for disbursements made during the period _____, _____
to _____, _____ under the provisions of the Carl D. Perkins Vocational and Technical
Education Act of 1998. This is to certify that the expenditures listed in this reimbursement have been
paid in accordance with the State approved local plan, Federal/State policies, and regulations of the
Department of Education. It is further certified that documentation is retained and available in the
local agency to support this claim and is subject to Federal and State audits. I further certify that no
estimated or advanced payments are included in this request.

2002-2003 Perkins Allocation	\$	_____	
Amount Claimed to Date	\$	_____	
Amount Claimed in this Request			\$ _____
Balance of Perkins Allocation	\$	_____	

Reimbursement Prepared by _____
(Name)

Preparer's Telephone # _____ Preparer's FAX # _____

Date Career & Technical Administrator's Signature

Date Superintendent's or Authorized Signature

-----For Department of Education Use Only-----

Amount of Payment \$ _____ Approved for Payment _____

Project Code 61095 Program Code 171-03-50 Date _____

Mail form to Bob Almond, Associate Director for Grants Administration at the above address